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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/701,910	02/20/2001	Alfred Eckert	AP9265	1060	
10291 7	590 06/26/2002				
RADER, FISHMAN & GRAUER PLLC 39533 WOODWARD AVENUE SUITE 140			EXAMINER		
			GRAHAM, MATTHEW C		
BLOOMFIELD HILLS, MI 48304-0610		510	ART UNIT	PAPER NUMBER	
			3683		
			DATE MAILED: 06/26/2002	DATE MAILED: 06/26/2002	

Please find below and/or attached an Office communication concerning this application or proceeding.





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SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKETT NO.
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			EXAMINER
		<del></del>	ART UNIT PAPER NUMBER
		L	1 A LITHOMOLIT
		DATE N	MAILED:
		EXAMINER INTERVIEW SUMMARY RECORD	
All participants (application	nt, applicant's representa	ive, PTO personnel):	
(1) BRAD	DIETRICK	(3)	
m h.C.	GRAHAM	(4)	
	6.25.20		
Date of the TVIOW			
		en to applicant applicant's representative).	
Exhibit shown or demor	nstration conducted: Un	'es □ No. If yes, brief description:	
Agracment Values res	ached with respect to som	e or all of the claims in question.   was not reached.	
Agreement Agreement		o or area are define in question.	
Claims discussed:	12.22	5 h	<del></del>
Identification of prior art	discussed:	RT OF RELORD	
D scription of the gene	ral nature of what was ag	reed to if an agreement was reached, or any other comments:	APPLICANTS REP
		ADD RECITATION REGARD	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Λ
<u>A5515T</u>	<u>.                                    </u>		
15 RISD	APVISED T	o provide prior AIRT (	UR AFADAVIT
70 5HOW	J KNOWN	USF OF DEDUCING ZO	DUNTERFORCE
(A fuller description, if nattached. Also, where	necessary, and a copy of the copy of the amendmen	he amendments, if available, which the examiner agreed woulnts which would render the claims allowable is available, a sun	ld render the claims allowable must be nmary thereof must be attached.)
☐ 1. It is not necess	ary for applicant to provid	e a separate record of the substance of the interview.	
WAIVED AND MUST IN	NCLUDE THE SUBSTAN	o indicate to the contrary, A FORMAL WRITTEN RESPONSE CE OF THE INTERVIEW ( .g., items 1-7 on the reverse side oven the month from this interview date to provide a statement	f this form). If a response to the last Office
2. Since th exar requirements t	niner's interview summary	v above (including any attachments) reflects a complete respo- last Office action, and since the claims are now allowable, this action. Applicant is not relieved from providing a separat	nse to each of the objections, rejections and is completed form is considered to fulfill the

box 1 above is also checked.